

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2008 MAY 19 AM 11:25

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

BENJAMIN D STEINES

Political Party (if applicable)

REPUBLICAN

Office Sought

COUNTY AUDITOR

District (if Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Cal. Walters
SIGNATURE OF PERSON FILING REPORT

563-379-0757
TELEPHONE

5/14/08
DATE SIGNED

I AM FILING A MAY 19TH 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

- 0 -

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2420 -

Schedule F: Loans Received total (Attach Schedule F)

-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

2420 -

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2122.26

Schedule F: Loan Repayments total (Attach Schedule F)

-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

297.74

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

-

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

20

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

- 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
01/18/08	ID# CK# 3080	BEN STENES 2575 GROUSE VALLEY RD DECORAH, IA 52101	SELF	\$ 100	<input type="checkbox"/>
03/04/08	ID# CK# 3112	BEN STENES	SELF	50	<input type="checkbox"/>
03/10/08	ID# CK# 8879	KEITH BRUENING 1203 LINDEN ST DECORAH, IA 52101		200	<input type="checkbox"/>
03/10/08	ID# CK# 2954	GREG BRUENING 616 CRUSHING HEIGHTS DR DECORAH, IA 52101		100	<input type="checkbox"/>
03/10/08	ID# CK# 4426	BARBARA BAKER 704 DECORAH AVE DECORAH, IA 52101		10	<input type="checkbox"/>
03/10/08	ID# CK# 10627	GERARD HAGER 1168 HWY 52 CAMARILLA, IA 52133		25	<input type="checkbox"/>
03/10/08	ID# CK# 8783	MARJ SCHWINEFUS 328 PERSHING AVE DECORAH, IA 52101		25	<input type="checkbox"/>
03/10/08	ID# CK# 4518	HARRY HALVERSON PO BOX 22 RIDGEWAY, IA 52165		10	<input type="checkbox"/>
03/10/08	ID# CK# 3234	PAUL HUNTER 2252 TWIN SPRINGS RD DECORAH, IA 52101		15	<input type="checkbox"/>
03/11/08	ID# CK# 6244	AL ANDERSON 2276 MIDDLE CALMAR RD DECORAH, IA 52101		25	<input type="checkbox"/>
SUB-TOTAL				\$ 560	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
03/11/08	ID# CK# 1788	JERI LAURSEN 115 QUARRY ST DECORAH, IA 52101		\$ 25	<input type="checkbox"/>
03/11/08	ID# CK# 1218	GLENN NELSON 100 CRESCENT AVE DECORAH, IA 52101		25	<input type="checkbox"/>
03/11/08	ID# CK# 5490	COLLYN BRIDGES 1006 LOCUST RD DECORAH, IA 52101		10	<input type="checkbox"/>
03/11/08	ID# CK# 5574	MIKE VOLTNER 408 W BROADWAY DECORAH, IA 52101		100	<input type="checkbox"/>
03/12/08	ID# CK# 4464	MARCELLA NORGARD 2115 1ST AVE SE APT 1224 CEDAR RAPIDS, IA 52402	GRANDMOTHER - IN - LAW	50	<input type="checkbox"/>
03/12/08	ID# CK# 4051	CAROLYN SOLBERG 301 MOHND ST DECORAH, IA 52101		15	<input type="checkbox"/>
03/12/08	ID# CK# 1562	JOAN LUBKE 2350 270TH AVE RIDGEWAY, IA 52165		50	<input type="checkbox"/>
03/12/08	ID# CK# 3257	BOB PINS 308 JOHNST DECORAH, IA 52101		15	<input type="checkbox"/>
03/12/08	ID# CK# 6820	BOB LILLIE 410 PLEASANT HILL DR DECORAH, IA 52101		25	<input type="checkbox"/>
03/13/08	ID# CK# 1599	DIANE GRIMSTAD 2110 TWIN SPRINGS RD DECORAH, IA 52101		25	<input type="checkbox"/>
SUB-TOTAL				\$ 340	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
03/14/08	ID# CK# 6200	NAOMI CRAFT 501 SUNSET DR DECORAH, IA 52101		\$ 25	<input type="checkbox"/>
03/14/08	ID# CK# 6616	KEN KUHN PO BOX 68 FORT ATKINSON, IA 52144		25	<input type="checkbox"/>
03/15/08	ID# CK# 2044	MICHAEL BERGAN 1796 LINCOLN HWY RD DECORAH, IA 52101		50	<input type="checkbox"/>
03/15/08	ID# CK# 8127	DON FOLEY 3268 HWY 9 RIDGWAY, IA 52165		15	<input type="checkbox"/>
03/17/08	ID# CK# 7666	AUDREY POPPE 702 OAK ST DECORAH, IA 52101		15	<input type="checkbox"/>
03/17/08	ID# CK# 2786	EVA STEINES 859 5TH AVE CLINTON, IA 52732	GRAND- MOTHER	50	<input type="checkbox"/>
03/18/08	ID# CK# 3537	ELANNE GRIMES 508 E MAIN ST DECORAH, IA 52101		25	<input type="checkbox"/>
03/18/08	ID# CK# 5301	ED KASCHINS 703 PARK ST DECORAH, IA 52101		50	<input type="checkbox"/>
03/18/08	ID# CK# 3476	BETH EINCK 2830 BLUFFTON RD DECORAH, IA 52101		15	<input type="checkbox"/>
03/18/08	ID# CK# 4589	HELEN SCHWEIZER 608 CENTER ST DECORAH, IA 52101		25	<input type="checkbox"/>
SUB-TOTAL				\$ 295	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
03/18/08	ID# CK# 4767	WAYNE WALTER 2575 MADISON RD DECORAH, IA 52101		\$ 50	<input type="checkbox"/>
03/19/08	ID# CK# 8740	JIM FALCK 3417 N WIND RD DECORAH, IA 52101		20	<input type="checkbox"/>
03/19/08	ID# CK# 2117	JOANN COLE 733 RIDGE RD DECORAH, IA 52101		25	<input type="checkbox"/>
03/19/08	ID# CK# 6051	JAMES GLENE 2784 HWY 52 DECORAH, IA 52101		10	<input type="checkbox"/>
03/20/08	ID# CK# 3129	BENJAMIN STEWES	SELF	600	<input type="checkbox"/>
03/20/08	ID# CK# 4551	KENNETH JOHNSON 2632 235TH AVE DECORAH, IA 52101		10	<input type="checkbox"/>
03/21/08	ID# CK# 3419	FRANCIS LARSON 2340 MADISON RD DECORAH, IA 52101		10	<input type="checkbox"/>
03/21/08	ID# CK# 2528	JEAN GUTLING 6008 CRESCENT AVE DECORAH, IA 52101		50	<input type="checkbox"/>
03/22/08	ID# CK# 773	CHUCK GIPP 212 HIGH ST DECORAH, IA 52101		50	<input type="checkbox"/>
03/24/08	ID# CK# 1781	ROSALIND MOELLER 312 DAY ST DECORAH, IA 52101		20	<input type="checkbox"/>
SUB-TOTAL				\$ 845	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STENES FOR AUDITOR

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03/25/08	ID# CK# 1367	CURTIS HEADINGTON 1706 24TH ST DECORAH, IA 52101		\$ 15	<input type="checkbox"/>
03/25/08	ID# CK# 1052	ELaine FRETHERM 2292 MIDDLE CALMAR RD DECORAH, IA 52101		20	<input type="checkbox"/>
03/26/08	ID# CK# 5280	GERARD BAKKEN 2480 MADISON RD DECORAH, IA 52101		15	<input type="checkbox"/>
03/27/08	ID# CK# 13604	MARLENE BEY 1227 38TH ST SE CEDAR RAPIDS, IA 52403	MOTHER-IN-LAW	25	<input type="checkbox"/>
03/28/08	ID# CK# 1256	ANTHONY CLARKE 201 E RURAL AVE DECORAH, IA 52101		25	<input type="checkbox"/>
04/04/08	ID# CK# 3688	MARIE BROGHAMER 2806 NORDIC HILL RD DECORAH, IA 52101		15	<input type="checkbox"/>
04/06/08	ID# CK# 7194	DARRELL PIERCE 218 CLEARVIEW DR DECORAH, IA 52101		20	<input type="checkbox"/>
04/08/08	ID# CK# 9666	LINDA WATSON 817 RAJINE ST DECORAH, IA 52101		15	<input type="checkbox"/>
04/08/08	ID# CK# 5284	GORDON HUNTER 2331 HWY 52 DECORAH, IA 52101		50	<input type="checkbox"/>
04/18/08	ID# CK# 5257	RICHARD MOORE 901 ROSA DR DECORAH, IA 52101		50	<input type="checkbox"/>
SUB-TOTAL				\$ 250	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
04/18/08	ID# CK# 4051	ROBERT PROCTER 2583 GOLF VIEW RD DECORAH, IA 52101		\$ 20	<input type="checkbox"/>
04/22/08	ID# CK# CASH	BOB TESLOW 107 LLOYD ST DECORAH, IA 52101		10	<input type="checkbox"/>
04/30/08	ID# CK# 2596	DEAN DARLING 3735 PRAIRIE SPRING RD DECORAH, IA 52101		50	<input type="checkbox"/>
05/13/08	ID# CK# 1570	KARON HOUER 3204 290TH ST RIDGWAY, IA 52165		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 130

TOTAL (if last page of this schedule)

\$ 2420

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE
B
(Rev. 07/03)

MONETARY
EXPENDITURES

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/26/08	ID# CK# 1	COPYLAND 204 W WATER ST DECORAH, IA 52101	PRINTING OF MAILER CARDS	\$ 13.59
03/04/08	ID# CK# 2	USPS DECORAH, IA 52101	STAMPS	123.00
03/13/08	ID# CK# 3	USPS DECORAH, IA 52101	STAMPS	128.31
03/20/08	ID# CK# 4	BENJAMIN STEINES (SELF) REIMBURSEMENT FOR CREDIT CARD ORDER TO MAKESTICKERS.COM	PURCHASE OF BUMPER STICKERS	259.90
03/20/08	ID# CK# 4	BENJAMIN STEINES (SELF) REIMBURSEMENT FOR CREDIT CARD ORDER TO VISTAPRINT.COM	PURCHASE OF BUSINESS CARDS, MAILING LABELS, + STATIONARY	420.19
03/20/08	ID# CK# 4	BENJAMIN STEINES (SELF) REIMBURSEMENT FOR CREDIT CARD ORDER TO VICTORYSTORE.COM	PURCHASE OF YARD SIGNS	921.27
04/14/08	ID# CK# 5	USPS DECORAH, IA 52101	STAMPS	256.00
	ID# CK#			

ONE
CHECK

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 2122.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STEINES FOR AUDITOR

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
03/01/08	BENJAMIN STEINES (SELF)	SELF	THANK YOU CARDS LABELS/ENVELOPES	\$ 20	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)